



TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 10-FEB-2017		TIME 17:54:00		2. ADDRESS OF OCCURRENCE 3958 N WESTERN AVE CHICAGO, IL 60618		3. LOCATION CODE 304		4. BEAT/COURT 1921		5. VIDEO RECORDED INCIDENT 01 BWC 02 IN-CAR CAMERA 03 OTHER REPT VIDEO	
6. POSITION 9161		7. LAST NAME ROMANSKI		8. FIRST NAME STEPHEN J		9. STAR NO 18685		10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F WHI		11. RACE CODE WHI	
12. DATE OF APPT. 24-NOV-2003		13. EMPLOYEE NO. 019		14. UNIT & BEAT OF ASSIGNMENT 1922		15. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		16. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		17. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
18. LAST NAME UNK		19. FIRST NAME		20. M.I.		21. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 E WHI		22. RACE WHI		23. HT 506	
24. ADDRESS UNKNOWN CHICAGO, IL		25. TELEPHONE NO.		26. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		27. KNIFE/OTHER CUTTING INSTRUMENT, OTHER (SPECIFY)		28. SUBJECT INJURED BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		29. SUBJECT ALLEGED INJURY BY MEMBER? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	
30. IF SUBJECT INJURED, DESCRIBE INJURY <input checked="" type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None		31. WHERE WAS MEDICAL TREATMENT OBTAINED? ILLINOIS MASONIC MEDICAL CENTER									
32. BY WHOM? DR. KINGSLEY		33. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid									
34. CHARGES PLACED DNA <input type="checkbox"/> 35 CB NO. <input type="checkbox"/> 36 NO. <input type="checkbox"/> 37 NO. <input type="checkbox"/> 38 NO.											

40. PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>	
STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input checked="" type="checkbox"/>	
OTHER <input type="checkbox"/>		OTHER THREATENED WITH KNI		PERCEIVED AS <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER KNIFE	
MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input checked="" type="checkbox"/>	
VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER <input type="checkbox"/>	
ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		OTHER <input type="checkbox"/>	
WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>		OTHER <input type="checkbox"/>	
ARMBAR <input type="checkbox"/>		TASER (ARC Cycle) <input type="checkbox"/>		TASER (Spark Employed) <input type="checkbox"/>		TASER (Other) <input type="checkbox"/>		OTHER <input type="checkbox"/>	
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Other) <input type="checkbox"/>		TASER (Other) <input type="checkbox"/>		TASER (Other) <input type="checkbox"/>		OTHER <input type="checkbox"/>	
CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Other) <input type="checkbox"/>		TASER (Other) <input type="checkbox"/>		TASER (Other) <input type="checkbox"/>		OTHER <input type="checkbox"/>	
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		TASER (Other) <input type="checkbox"/>		TASER (Other) <input type="checkbox"/>		TASER (Other) <input type="checkbox"/>		OTHER <input type="checkbox"/>	
IRAD WITH AUTHORIZATION <input type="checkbox"/>		TASER (Other) <input type="checkbox"/>		TASER (Other) <input type="checkbox"/>		TASER (Other) <input type="checkbox"/>		OTHER <input type="checkbox"/>	
OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>	

41. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		RANK		STAR NO.		UNIT NO.		42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	
43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		45. DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input checked="" type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member		46. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 RIFLE <input type="checkbox"/> 08 SHOTGUN <input type="checkbox"/> 09 OTHER		47. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	
48. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		49. WEATHER CONDITIONS CLEAR		50. MAKE/MANUFACTURER SIG SAUER/COLT SAUER - GERMANY (BEHOLDEN)		51. MODEL P226		52. BARREL LENGTH 4.5	
53. CALIBER/GAUGE 9 MM		54. TASER DART ID NO.		55. WEAPON SERIAL NO. (Include Letters) U664783		56. CHICAGO GUN REG. NO. 632832		57. FIREARM OWNER ID. NO. 43535014	
58. SPECIAL WEAPON CERTIFICATE NO.		59. PROPERTY INVENTORY NO.		60. TYPE OF AMMUNITION USED Department Issued		61. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		62. TOTAL NO. OF SHOTS MEMBER FIRED 1	
63. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY)		64. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		65. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 0		66. HOW WAS MEMBER'S HANDGUN WORK <input type="checkbox"/> 03 OTHER (Specify)		67. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	
68. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify)		69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		70. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) DISTANCE		72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input checked="" type="checkbox"/> 01 0 - .05 FT. <input type="checkbox"/> 02 .05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.	
73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 07 NONE <input type="checkbox"/> 08 ANY OTHER COMBINATION		74. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		75. EVENT NO. 1704111450		76. RPT. NO. JA149063		77. RPT. NO.	

CASE INFORMATION	77. NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input checked="" type="checkbox"/> OEMC Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.			75 EVENT NO. 1704111450	
	78. ADDITIONAL INFORMATION KNIFE/ADVANCED AT OFFICER WITH KNIFE IN HAND				
SIGNATURES	79. REPORTING MEMBER (Print Name) ROMANSKI, STEPHEN J 10-FEB-2017 23:48:35		STAR/EMPLOYEE NO. 18685	SIGNATURE 	76 R.D. NO. JA149063
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.				
80. REVIEWING SUPERVISOR (Print Name) PEREZ, ANGEL L		STAR NO. 1503	SIGNATURE 	DATE REVIEWED TIME 10-FEB-2017 23:55:48	

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

41. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE ☐ DNA ☐ REFUSED ☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Deceased

42. LIEUTENANT OR ABOVE/INCIDENT COMMANDER COMMENTS

U#17-005

As of this report no further action by the undersigned is required. Based on the facts available at this time, it is the preliminary finding that Officer Romanski acted in compliance with dept policy

43. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

☒ I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN 303-02-05

44. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

☒ INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.

LOG NO. 1084029 OBTAINED

45. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

PENA, MARIA C

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TRR _____ OF _____ TRR(S)

47. DISTRIBUTION OF TRR:

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.

2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:

A. INDEPENDENT POLICE REVIEW AUTHORITY, AND

B. COMMANDER INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION

SIGNATURE

[Redacted Signature]

DATE COMPLETED TIME

11-FEB-2017 00:10:11

LOG# 1084029

Attachment 21